

10-5-00

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

re Application of:

Mary M. Ponthan et al.

Serial No.: N/A

Examiner: Unknown

Filing Date: Herewith

Group Art Unit: Unknown

For: A COMBINATION FLEXIBLE PLANAR ITEM AND CHARACTER

Docket No.: 19420/101/101

TRANSMITTAL SHEET

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certifies that this paper or papers, as described herein, are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of : EL 008 454 532 US, in an envelope address to: Assistant Commissioner for Patents, Washington, D.C., 20231 on this 5th day of October

By

Carolyn L. Erickson

We are transmitting herewith the attached Patent Application including the following:

[XXXX] 10 sheet(s) of specification.

[XXXX] 6 sheet(s) of claim(s).

[XXXX] 1 sheet(s) of Abstract.

[XXXX] 3 sheet(s) of formal/informal drawings.

[XXXX] Executed Declaration and Power of Attorney.

[XXXX] A verified statement(s) to establish small entity status under 37 C.F.R. 1.9 and/or 1.27 is enclosed.

[XXXX] An Assignment of the invention to MPA INTERNATIONAL CORPORATION is being filed contemporaneous with this patent application.

[] A certified copy of a application, serial no. , filed , the right of priority of which is claimed under 35 U.S.C. 119.

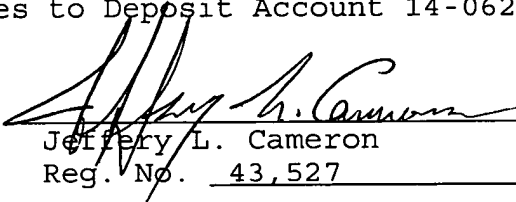
CLAIMS AS FILED						
	(1)	(2)	SMALL ENTITY		OTHER	
FOR:	# FILED	# EXTRA	Rate	Fee	Rate	Fee
BASIC FEE				\$355		\$710
TOTAL CLAIMS	26-20 =	6	x9=	\$ 54	x18=	\$
INDEPENDENT CLAIMS	3 -3 =	0	x40=	\$	x80=	\$
() MULTIPLE DEPENDENT CLAIM PRESENTED			+135=	\$	+270=	\$
TOTAL			\$409.00		\$	

*If the difference in Column (1) is less than zero, enter "0" in Column 2.

[XXXX] Other Recordation Form Cover Sheet-Patents Only

[XXXX] Checks in the amounts of \$409.00 and \$40.00 are enclosed.

[XXXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account 14-0620.

By: 
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